PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

30040364S02

| | | CLAIMS AS | FILED - | | SMALL ENTITY TYPE | | OR | OTHER THAN | | | | |
|--|---|--|--------------|----------------------|--------------------------------|------------------|----|-------------------------------------|------------------------|----------|--------------------------------------|------------------------|
| TOTAL CLAIMS | | | 10 | | | | | RATE | FEE | . | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMB | ER EXTRA | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | (0 mi | nus 20= | ·Ø | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | l w | inus 3 = | · Ø | | | X42= | | OR | X84= | |
| MU | LTIPLE DEPEN | DENT CLAIM PR | RESENT | | / | | | .140- | | , | +280= | |
| * If the difference in column 1 is less than zero, enter *0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) ** H40= OR +280= TOTAL OR TOTAL OTHER | | | | | | | | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | | PRESENT EXTRA | | RATE - | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • 7 | Minus | * 2 | 0 | = | | X\$ 9= | | OR | X\$18= | |
| | Independent . | NTATION OF MI | Minus | *** | <u> </u> | THE PARTY OF | | X42= | | OR | X84= | N/A |
| П.В. | | (Column 1) CLAIMS REMAINING AFTER | | (Colu Higi NUM | | (Column 3 | | +140= TOTAL ADDIT FEE RATE | ADDI- TIONAL | OR OR | +280= TOTAL ADDIT. FEE RATE | ADDI- TIONAL |
| AMENDMENT B | Total | AMENDMENT | Minus | PAIC | FOR | - | 1, | V0.0 | FEE * | | V440 | FEE |
| | Independent | | Minus | *** | | = | 1 | X\$ 9= | | OR | Y04 | |
| A | FIRST PRESE | NTATION OF MU | JLTIPLE DE | PENDEN | T CLAIM | | 1 | X42= | | OR | X84= | |
| | | | a y | | | | | +140= | | OR | +280= | |
| | • | | | | | | | ADDIT, FEE | ÷ • | OR | ADDIT. FEE | (12 p.) |
| - | | (Column 1) | | | mn 2) | (Column 3 |)_ | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER NOUSLY DFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total · | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | *** | • | = | 1 | X42= | | OR | X84= | - |
| | THIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | |
| ** | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |